SCHOOL-BASED HEALTH CENTER
ENCOUNTER FORM

Introduction
The information gathered on the encounter form is invaluable for documenting SBHC visits and the services delivered. A registration/enrollment form must be completed and entered into the ESM system before the student/client encounter forms can be entered into the ESM system.

Reason for Data Collection by DPH
One of DPH's main functions is to track key health behaviors, concerns, and outcomes for various populations of the Commonwealth. This is done so that the state can better respond to the health needs of its communities. It is also done to determine the impact and efficacy of the programs it funds and to comply with other federal and state regulations.

When to Use an Encounter Form
An encounter form is completed whenever a student/client receives individual or billable services at your SBHC by a clinician or SBHC staff. Encounter forms are completed for visits such as physicals, immunizations, medical assessments, therapies/treatments rendered, emergencies, counseling, screening and laboratory tests. Encounter forms should be used any time a CPT or ICD-9 coded service is provided. One encounter form should be completed per health care provider per student/client visit. Even if the same provider sees a student twice in one day (i.e. second time for delivering lab results), a separate encounter should be completed. In addition, each provider must fill out a separate encounter form even if the student/client sees more than one provider during a single visit.

Medical Record Number: Since most SBHCs are part of larger systems that use an electronic/paper medical records, this field is designed to capture that number assigned to the student/client by the agency. It exists for the convenience of the SBHC. *(For SBHC Office Use Only)*

School Name: Enter the name of the SBHC site where the visit occurred. *(For SBHC Office Use Only)*

Billing Number: Encounter forms are not intended to replace clinic billing documents; however these forms may provide valuable visit information that will be useful in the billing process. Some sites use the DPH encounter form for their billing to third party payors. If so, then a billing number is used and can be entered on the form. This is an optional field. *(For SBHC Office Use Only)*

First Name: Please enter the student/client's first name as it appears on official school records.

Middle Name: Please enter the student/client's middle name (if applicable).

Last Name: Please enter the student/client's last name as it appears on official school records.

Date of Birth: Record the student/client's date of birth as month, date, and year. Make sure the year entered is the birth year and not the current year or registration year.

Service Date: Record the date of the visit. **Do not** include the date the data was entered into ESM.

Service Information

Rendering Clinician: On the paper form, record the name of the provider who delivered the service. Similar to Clinical Fusion, the ESM system will enable you to input the names of all providers who deliver services in your SBHC. Once this is done you will just need to pick the name from a list.

Taxonomy Code: Select the provider type from the Taxonomy Code box. Within the ESM system, there will be a drop down box of provider types by number. For ease of use, the forms predominantly contain the provider titles and a corresponding number as they appear in the ESM system.

If a nurse practitioner or physician assistant sees a student/client, please check NP/PA.

If an MD sees a client/student and the MD is a primary care provider such as a pediatrician, adolescent medicine specialist, family physician, or internist, check the box for Allopathic and Osteopathic Physicians (Primary Care). When you enter into the ESM system, you may notice that only pediatrician is listed under this code. This is a limitation of the ESM system. However, those analyzing the data know that for the purposes of the SBHC services, this category of provider type may reflect a broader range of primary care providers.

If the MD who sees a student/client is a psychiatrist, check the box marked: Allopathic and Osteopathic Physicians (Psychiatrist).

Check the box marked mental health for all mental health providers who are non MDs (i.e. social workers, counselors, etc.)

Check the box marked Oral Hygienist/Dentist if a dental professional delivered the service.

Check Dietician if the service was delivered by a dietician or nutritionist.

Check Case Manager/Health Ed if the service was delivered by a staff person who has a title of case manager or health educator.

Any other staff who deliver services and for whom there is no specific provider type box, just check “other”.

Evaluation and Management

CPT Codes: It is important that every encounter has at least one Service CPT code associated with it. Most CPT codes are in the ESM system.

The Service CPT code is a 5 digit number. Not all sections must be completed for every encounter. To reduce variability in reporting, it is a requirement of the SBHC Program that clinicians refer to the latest edition of the American Medical Association’s “Physician’s Current Procedural Terminology” (CPT) and the US Department of Health and Human Services medical reference book for CPT codes.

Diagnosis (ICD-9) Codes: Within a visit, a provider must record at least one and up to four ICD-9 diagnosis code/s. Please enter the ICD-9 number code and then enter the name of the diagnosis beside it. At this time, codes are searched for in ESM by name/description. There is an Excel file available to assist you with finding the exact name/description of the code.

Screening Assessment

Confidential Visit: A confidential visit refers to a visit for specific medical care for which a minor may give consent under Massachusetts law; this may include certain services for reproductive health, mental health and substance abuse care.

Height and Weight: As a condition of the last funding cycle, assessing obesity was determined to be vital. At least once in the course of the school year, a client/student should be weighed and have their height determined. With this information a Body Mass Index (BMI) can be calculated.

Comprehensive Resiliency/Risk Assessment (CRRA):
Standardized Critical Health Behaviors are intended to be used as guidelines for identifying critical health behaviors that promote resiliency or augment the risk profile of students/clients. The proposed impact of these defined "critical health behaviors" is derived from the child and adolescent public health literature including CDC DASH, Healthy People 2010 and the Positive Youth Development model publications. It is a requirement of the SBHC program that clinicians familiarize themselves with standardized definitions of the critical health behaviors and demonstrate an understanding of assessment methods including the validity of screening tools used to assess these behaviors in each of the 9 categories (that comprise the CRRA). It is an expectation of the SBHC program that students/clients who have visited the SBHC 3 or more times will receive a Comprehensive Resiliency and Risk Assessment using the GAPS self-screening instrument or the HEADSS method for conducting a psychosocial history. In the absence of an opportunity to complete a CRRA, clinicians may choose to conduct a targeted risk assessment for one or more categories using a less comprehensive screening instrument (e.g. CRAFFT instrument for a student who is at risk for Substance Abuse). It is the expectation of the SBHC program that all enrolled students will receive a Comprehensive Resiliency and Risk assessment (including 9 dimensions) annually and that the assessment can be performed over the course of subsequent visits (with different critical health behavior categories being updated periodically as they are assessed).

For each behavior on the form, check yes if it was assessed during the visit. If it was not assessed, check no. If the behavior was assessed, please indicate whether or not a risk was identified. If a risk was identified, please indicate the type of follow-up plan (check all that apply).

What type of screening tool was used? In completing the Screening Assessment, clinicians are required to specify the name of the screening instrument used to assess each Critical Health Behavior category (in the absence of the GAPS/HEADDS which are comprehensive). Please check all that apply.

Actual referral: Please document if a client/student was referred by the SBHC provider to any other service even if the service was to another provider within the SBHC or school.

If no referral was made, check NA.

Disposition: Please document where you directed the client/student after the SBHC visit. Did s/he go back to class, home, to his/her PCP or to a hospital?